Conclusions: CSS is a superb resource if utilised properly. We have provided the legal framework and protocols required along with a detailed review of practical considerations to enable successful CSS.

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0290: THE SAFETY, FEASIBILITY AND UTILITY OF 3-DIMENSIONAL C-ARM CONE-BEAM COMPUTED TOMOGRAPHY WITH XPERCT POST-EVAR

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Aim: 3-Dimensional C-arm Cone-beam (CACB) Computed Tomography is emerging as a useful adjunct for quality control during EVAR. We examined the safety, feasibility and utility of a new 3-D CACB, XperCT Allura FD20 system (Philips, Best, The Netherlands).
Methods: All patients in this prospective study underwent conventional post-EVAR uni-planar angiography (CPEA) and additional post-EVAR XperCT on-table. Patients with eGFR<30 mls/min/1.73m2 or previous renal interventions were excluded. We examined the impact of XperCT on additional on-table interventions and the correlation of XperCT observations with the routine 30-day surveillance CTA.
Results: Between April 2010 and July 2013, 51 patients underwent CPEA and XperCT post-EVAR. XperCT detected new findings not identified by CPEA in 9 (17.6%) patients (1 Type1A endoleak, 5 Type2 endoleaks, 3 suboptimal limbs). Of these 4 (7.8%) underwent further on-table intervention for correctable technical error. Following satisfactory XperCT, 7 (13.7%) patients had new surveillance CTA findings at 30-days (5 new Type2 endoleaks, 2 limb occlusions). Renal function remained unchanged. Median time for XperCT acquisition was 11(6-23) minutes.
Conclusions: XperCT is feasible, safe and maybe a useful adjunct to guide further intervention on-table immediately post-EVAR for quality control but at present 30-day post-EVAR surveillance CTA may not be replaced by XperCT.

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0774: SIMPLE PERIOPERATIVE INTERVENTIONS CAN MINIMISE THE RISK OF PHARYNGOCUTANEOUS FISTULA FOLLOWING TOTAL LARYNGECTOMY – EXPERIENCE AT A SINGLE TERTIARY INSTITUTION

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Introduction: Pharyngocutaneous fistula following total laryngectomy contributes to patient morbidity and mortality from prolonged hospitalisation, delayed oral feeding, increased risk of catastrophic vascular haemorrhage and delays to commencement of adjuvant radiotherapy.
The experience at our institution has evolved with respect to standardisation of perioperative management of these patients since mid-2013 that has seen a marked reduction in the fistula rate.
The changes instituted are simple interventions related to meticulous pharyngeal closure technique, a novel dressing technique and prolonged postoperative metronidazole administration.
Aims: To assess the independent effect of the change of practice on the fistula rate at our instituition.
Methods: Here we present a retrospective review of a cohort comprising consecutive patients undergoing total laryngectomy between January 2010 and August 2015.
Results: The total fistula rate was 10 percent in the cohort of 80 patients. A dramatic reduction can be seen comparing the groups before and after the change of practice - 16.3 percent (8/49) versus 0 percent (0/31). The groups are otherwise similar accounting for known predictors including salvage surgery. Here, we present a statistical analysis of the attributable effect of each standardised intervention.
Conclusion: Simple interventions can seemingly reduce the fistula rate in favour of more morbid procedures.

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0543: CT FINDINGS OF SURGICALLY PROVEN INTERNAL HERNIAS POST LAPAROSCOPIC GASTRIC BYPASS (LRYGB) – A RETROSPECTIVE ANALYSIS

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Background: Diagnosing internal hernia after gastric bypass is still demanding, even with advanced CT scanning
Methods: Patients who had diagnostic laparoscopy for abdominal pain after LRYGB over the period from 2013-2015 in our institute were included.
Results: Out of 23 patients, 16 patients had IH found during diagnostic laparoscopy. Six (37.5%) of those patients had their Peterson and mesenteric defects closed during primary surgery.
Median age at primary procedure was 43years. Median BMI at primary procedure was 46.5kg/m2.The median time of presentation with abdominal pain post bypass was 1.5 years. At the time of the presentation the median excess weight loss was 68% and median BMI 33.3 kg/m2.
Commonest sign at CT was “Swirl sign” 7/16 (44%) and “mesenteric oedema” 7/16 (44%). 6/16 (38%) had 2 or more signs while 5/16 (31%) had no signs.
Seven cases of no internal hernia. Even in these patients Swirl sign was present in 3(43%) and mesenteric oedema in 2 (29%). 3(43%) had 2 or more of 9 previously documented CT signs pre-operatively. Pre-operatively 3(43%) had no signs at CT.
Conclusion: This study shows that the absence of CT finding should not preclude laparoscopic examination to rule out IH.

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0463: REDUCING THE RISK OF ATRIAL FIBRILLATION AFTER ANATOMICAL LUNG RESECTION

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Aims: *De novo* post-operative atrial fibrillation (POAF) may increase morbidity, hospital stay and healthcare expenditure. This study aims to determine the perioperative factors correlating with POAF and whether these may be modified to reduce its incidence.
Methods: The records of all patients undergoing anatomical lung resection from July-December 2015 were retrospectively reviewed. Patients treated with long-term antiarrhythmic therapy (excluding beta-blockers) or a history of arrhythmia were excluded.
Results: POAF occurred in 13.9% (29/209) of patients at a mean of 3.97 days post-operatively and significantly increased hospital stay (7.0±4.8 vs. 11.5±6.6 days($p=0.0014$)). No correlation was found with gender, hypertension or ischaemic heart disease. However, older age ($p=0.003$, $r^2=0.04$), post-operative infection ($p<0.0001$; $Chi^2=15.6$) and an open rather than VATS approach (open 20/105 (19.0%); VATS 9/94 (9.6%); $p=0.032$) were found to be significant uni- and multi-variate predictors of POAF occurrence. Notably, 27.6% (8/27) of patients failed to be cardioverted and remained in AF on discharge, 4 of whom required long-term anticoagulation.
Conclusions: Increased adoption of VATS procedures reduces the overall incidence of POAF after anatomical lung resections. More rigorous control of modifiable risk factors such as stringent monitoring and early treatment of post-operative infection may further reduce POAF and its associated morbidity.

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0403: NON-OPERATIVE MANAGEMENT OF LOW RECTAL CANCER WITH COMPLETE RESPONSE TO STANDARD NEO-ADJUVANT CHEMO-RADIOTHERAPY (CRT)

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